	Veducion Act of 1995, no per VT APPLICATION F Substitute	for Form PTO-876	ATION RECORI)	Application of	Yalld OMB control nur X Docket Humber
APF	LICATION AS FILED	-PARTI				000691
	(Oolumn 1)	(Oolumn 2)	~			
FOR BASIO FEE	NUMBER FILED .		SMAL	L ENTITY	OR .	OTHER THAN SMALL ENTITY
127 OFB 1,18(a), (b); or (d))		NUMBER EXTRA	RATE (1)	PEE (t)	سنسا	And in case of the last of the
BEAROH FEE BY OFR 1,18 (K), (V), or (m))				The state of the s	RA.	TE (1) FEE (1
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87 OFR 1.16/111	minus 20 =			_		
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7 CFR 1.10(s))	sheets of paper, the apple \$250 (\$125 for small additional 50 sheets or f	entity) for each	11			
	35 U.S.C. 41(a)(1)(a)	adion mereor See				$\sim T$
ULTIPLE DEPENDENT C	LAIM PRESENT (37 CFR-1.16	(a) (a) (1.10(6).	-			
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oriaint	1 is less than zero, enter '0' i	oolumn 2.	TOTAL		_ SQ	e0 .
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ol CI	AIMS : LOS	umn 2) (Column 3)	SMALL E	arito (OR 01	THER THAN
TAITE REM	AINING NUM	BED DECOM	\· \-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SM	ALL ENTITY
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Indonesia	Minus +	=	 \	FEE (\$)	E	TIONAL
ALCOH CIECO	Minus		x 25	OF	1 x 57	FEE (\$)
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	1	A. CLIC 1'16(1)	180	OR	360	1
	. •	* * * * * * * * * * * * * * * * * * * *	TOTAL ADD'L FEE		TOTAL	
(Colum CLAI	MS			OR .	ADD'L FEE	
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Total AMENDI	MENT PREVIOU	SIY EVIDA	RATE(\$)	VODI- ONAL	· RATE (\$)	455
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Independent PT.OFR 1.16(N)	Minus ***		х =	OR.	1	FEE (\$)
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FIRST PRESENTATION OF M	ULTIPLE DEPENDENT OLAIM (OR OR	Χ =	1
THE STATE OF M	CTIPLE DEPENDENT OLAIM (37 OFR 1.16(I)				
			TOTAL	OR:		
	•	• • •	ANNU con	1 00	TOTAL	
the entry in column 1 is le the Highest Number Pres the Highest Number Pres	es than the entry in column 2, hously Paid For IN THIS 8PA lously Paid For IN THIS 8PA		NODE LEE	OR .	ADD'L FEE	1 1 1

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the induding gathering, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS